

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 OF 62

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Michael A. Schultz

Mailing Address 4010 Wedgeway Ct

City State Zip Code
 Earth City MO 63045

FEC ID number of contributing
federal political committee.

C

Name of Employer

Foundation Care LLC

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

04 / 28 / 2015

Transaction ID : 20150506145317-216

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Kevin Schweers

Mailing Address 100 Daingerfield Rd

City State Zip Code
 Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Community Pharmacists Associa

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 22 / 2015

Transaction ID : 20150506145317-217

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Joshua R. Sheffield

Mailing Address 3001 S Mansfield Ave

City State Zip Code
 Del City OK 73115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Comfort Care Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 22 / 2015

Transaction ID : 20150506145317-221

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5200.00